

4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A	
2 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A	N/A
3 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A	N/A
4 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A	N/A
7 4910 17th Ave	0	\$310,000	09/19/2006	N/A	N/A	N/A	N/A	N/A
5 4910 17th Ave	0	\$325,000	01/30/2007	N/A	N/A	N/A	N/A	N/A
6 4910 17th Ave	0	\$325,000	01/30/2007	N/A	N/A	N/A	N/A	N/A

Homes near 4910 17th Ave, Brooklyn, NY 11204 are valued at* ...

Public records data or calculated estimates indicate that houses in your area are valued between \$132,500 and \$325,000 during the last 18 months.*

Feb 13 08 09:22a

Stephen Mostecak

845-398-0675

p.1

AWD History for Work object key 2007-12-21-07.56.41.C22872001

AGLC - CNCRGEAPP - ISSUE - ENERENDZ - Updateable

U10022254L - SALAMON - TEAM03

Client ID:

Policy Number: U10022254L

Team: TEAM03

Source of Reissue:

Printed on Tuesday, January 22, 2008 at 11:21:37AM

From: John Vega [mailto:vegairs@yahoo.com]

Sent: Thursday, December 27, 2007 12:11 PM

To: Seigars, Greta

Subject: Re: URGENT...HANA SALAMON

YES

WE ABSOLUTELY VERIFIED THE INFORMATION WITH THE ACCOUNTANT - HE WAS VERY COOPERATIVE - I HAVE INCLUDED HIS TELEPHONE #, SHOULD THE UNDERWRITERS CARE TO SPEAK WITH HIM THEMSELVES. WE ALWAYS VERIFY FINANCIAL ESTIMATES ON THE LARGER INSPECTIONS AND WE ALWAYS INCLUDE IN THE NARRATIVE FROM WHOM WE RECEIVED INDEPENDENT THIRD PARTY FINANCIAL VERIFICATION. HAPPY NEW YEAR GRETA AND I AM OUTTA HERE !!

"Seigars, Greta" <greta.seigars@crump.com> wrote:

John: Can you please verify for me...did you call the accountant on this case and verify the financials or are these completely provided by the applicant?

Your comments on the bottom of page 2 lead me to believe that possibly you verified the info, but I really need to know definitively.

Begin Date: 2007-12-27

Begin Time: 11:49:25

User Id: U40UN32

Workstation Id:

Business Area:

Type:

Status:

Queue:

User Name:

DTM Description:

Comments:

Frazer, Amy

Flags:

DTM Job Name:

DTM Return Code:

DTM Task Name:

DTM Next Task:

End Date: 2007-12-27

End Time: 11:49:25

From: Seigars, Greta [mailto:greta.seigars@crump.com]

Sent: Thursday, December 27, 2007 12:09 PM

To: Umberant, Susan - AGL

Cc: Geiger, Tom - AGL; Kaplan, Liz; Nestor, Tec; Seigars, Greta; Frazer, Amy

Subject: URGENT PLEASE READ RE: Hana Salamon U10022254L

Susan/Amy:

Regarding the part B: the question is completely answered...there is no missing info. If you need exact ages...Father age 87 at death, mother age 84 at death...natural causes. Both the cardiac and cancer sections are answered no.

Regarding the 3rd party financials...it appears that the info on the IR was verified with the accountant based on the info on the bottom of page 2....are you not reading this in the same way?

I have called the doc's office and obtained the OV records for 12/07 for her "cold"...see attached.

ACCOUNTANT ?

From: Gonzales, Ofelia@Notes
Sent: Tuesday, January 22, 2008 2:00 PM
To: Mostecak, Stephen
Subject: Re: Hana Salamon - Policy # U10022254L

The file for the above insured has been printed as per your request and is being sent to you via UPS. It will leave here with our next mail pick up for today.

Sincerely,
Ofelia Gonzales
Ofelia Gonzales/HOME_OFF/AGLIFE,
Office # 713-831-3707
Fax # 713-620-6600

Stephen
Mostecak/ISGSITE1/AI
G@AIGMSX
01/22/2008 11:14 AM

To:
cc:
Subject:

Ofelia Gonzales/HOME_OFF/AGLIFE(
Hana Salamon - Policy # U10022254L

Hi Ofelia:

Would you be able to send me the complete policy file on the above insured to me at:

29 Swan Street
Palisades, NY 10964

Thanks.

Steve

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)
P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

Cell: 917.862.2862

E-Mail: Stephen.Mostecak@AIG.com

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AIG
Life BrokerageAgent Information
Status as of: 2/15/2008 | 10:51 AM

Agent YITZCHOK HALPERT (000XTV0100) - AGL

Status: ACTIVE

Tax ID: XXXXX2373

Producer Level: AGT

DOB: 12/11/1958

Contract Effective Date: 12/12/2007

Business Address

BISYS INSURANCE
4250 CRUMS MILL RD
HARRISBURG PA 17112

Residence Address

4608 10TH AVE
BROOKLYN NY 11219

Commission Statement Address

BISYS INSURANCE
4250 CRUMS MILL RD
HARRISBURG PA 17112

Phone

(717) 657-0789

Fax

(717) 703-4702

Email

GITY56@AOL.COM

Contract Information

Commission Level

BIS1

Effective Date

12/12/2007

Agency

Q0071

Region & RVP

Region 00 - Home Office

E & O Expiration Date

EFT

N

Hierarchy - Effective 12/12/2007

Level

ID

Name

NAT

000X055900

BISYS INSURANCE SERVICES

MGA

000X094400

BISYS INSURANCE SERVICES

AGT

000XTV0100

HALPERT, YITZCHOK

Outstanding Contraction and/or Appointment Requirements

Date

Team

State

Requirement

Status of
RequestPlease Respond
Within (Days)

12/13/2007

Licensing

NJ

NONRESIDENT APPOINTMENT FEE REQUIRED FOR NJ - CRITICAL.

APPOINTMENT
PROCESS ON HOLD

15 Days

Correspondence

Date

Description

12/17/2007

LCWEBCOR

Agent Appointment Information

State

State Status

Line of Authority

LOA Status

Effective

Termination

NJ

ACTIVE

Life - Fixed

ACTIVE

12/12/2007

Agent Index Display for HALPERT, YITZCHOK

Page 1 of 1

Agent Index Display for HALPERT, YITZCHOK	
General Information	
SSN 105582373	Agent/Corp. Name HALPERT, YITZCHOK

Agent Number by Companies Appointed

Level	Company	Agent Number	Agency	Dist. Channel	Region	Address	Status	Phone
1	AGL-H	000XTV0100	Q0071	IAG	62	4250 CRUMS MILL RD HARRISBURG, PA 17112-2889	Active	17176570789
1	AGX-D	000XTV0100	Q0071	IAG	62	4250 CRUMS MILL RD HARRISBURG, PA 17112-2889	Active	17176570789
1	PAY					4250 CRUMS MILL RD HARRISBURG, PA 17112-2889		717-6570789

Licensing and Appointment Information**Appointments by Company**

Appointment Status	Company	Agent Number	Line of Business	State	Appointment Effective Date	License Type	License Number
Active	AGL-H	000XTV0100	L	NJ	12-12-2007	I	1143603

From: Montanti, Sue
Sent: Tuesday, January 22, 2008 2:20 PM
To: Mostecak, Stephen
Subject: FW: Proposed Insureds

Follow Up Flag: Follow up
Flag Status: Flagged
 Steve, here are the CT #'s:

Feder - 2008-0289
 Fliegman - 2008-0290
 Lapides - 2008-0291
 Lieber-Schwartz - 2008-0292
 Salamon - 2008-0293

Activity logs are attached.

Sue Montanti
 Administrative Assistant
 AIG World Investigative Resources (AIGWIR)
 555 Taxter Road, Suite 330
 Elmsford, NY 10523
 Phone: 914-785-5384; E-Fax: 1-866-897-9537
 Email: sue.montanti@aig.com
 F.I.D. Intranet Site: <http://aignetprod.aig.com/cffid>

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-----Original Message-----

From: Mostecak, Stephen
Sent: Tuesday, January 22, 2008 1:41 PM
To: Montanti, Sue
Subject: FW: Proposed Insureds

Hi Sue:

Here are the locations for the above individuals:

Moses Feder - Brooklyn NY
 Agi Fliegman - Brooklyn NY
 Alvin Lapides - Monsey NY
 Lola Lieber-Schwartz - Brooklyn NY
 Hana Salamon - Brooklyn NY

So, in addition to requesting a CT # for hana Salamon, I require CT #'s for the other 4 above. THANKS

S

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
Cell: 917.862.2862
E-Mail: Stephen.Mostecak@AIG.com
F.I.D. Intranet Site: <<http://aignetprod.aig.com/cffid>>

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-----Original Message-----

From: Mostecak, Stephen
Sent: Tuesday, January 22, 2008 12:45 PM
To: Montanti, Sue
Subject: FW: Proposed Insureds

Hi Sue:

See above attachment please....

Can you kindly only (for now) set up a CT # (suspect non-disclosed coverage and IOLI policy) for Hana Salamon, Brooklyn, NY. Her policy # is U10022254L. Kindly make her the claimant and the insured.

Once I find the City & State of the others, I will request CT #'s accordingly.

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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-----Original Message-----

From: James Bilello [<mailto:jbilello@metlife.com>]
Sent: Tuesday, January 22, 2008 11:41 AM
To: Stephen.Mostecak@AIG.com

Subject: Proposed Insureds

Hi Steve,

Can you check to see if the list of proposed insureds have applied for and have any existing coverage with you guys? If you have any questions, please let me know, thanks. (See attached file: AIG.TIF)

Jim Bilello
Corporate Ethics and Compliance
Phone: (732) 326-5138
Fax: (732) 326-7315
Right Fax: (908) 655-9901

The information contained in this message may be CONFIDENTIAL and is for the intended addressee only. Any unauthorized use, dissemination of the information, or copying of this message is prohibited. If you are not the intended addressee, please notify the sender immediately and delete this message.

From: Mostecak, Stephen
Sent: Wednesday, July 16, 2008 4:39 PM
To: 'PGeller@PGellerCPA.com'
Subject: Hana Salamon
Mr. Geller:

Thanks for taking the time and meeting with me today regarding my investigation of the life policy issuance of Hana Salamon.

Kindly contact me as soon as possible once you locate your file on Hana Salamon that depicts her real estate property ownership that you verified to the investigator from Infolink Services, John Vega, and which AIG American General based the issuance of the policy on.

Thanks very much.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

Cell: 917.862.2862

E/Mail: Stephen.Mostecak@AIG.com

F.I.D. Intranet Site: <http://aignetprod.aig.com/cffid>

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From: Mostecak, Stephen
Sent: Wednesday, July 23, 2008 10:17 AM
To: 'WALTER.CARROLL@CHASE.COM'
Cc: 'rosenzweigd@DANY.NYC.GOV'
Subject: Check Investigation
Hi Walter:

I'm a member of the External Fraud Committee and I found your name from the contact list compiled by Dave Rosenzweig.

I am conducting a Stranger Owned Life Insurance policy investigation (one of many) in Brooklyn, NY. These are cases wherein the policy is taken out with the intent to sell to a group of investors...and this case is based upon material misrepresentations involving the insured's net worth and failure to disclose existing or applied for insurance coverage. I have forwarded this investigation to the New York State Insurance Frauds Bureau and I am attempting to enlist the assistance of the Postal Inspectors (Jean Wright). One of the MANY suspect elements of this investigation involve a trust being set up under the guise of it being for family members when in fact premium payments are made on the policy, through the trust, by the investors...the insured doesn't spend a dime of their own money.

If I may, Sir, I am attaching a copy of a check for the initial premium payment on this \$8.5M policy. The 'trust' (Hana Family Trust - our insured is a Hana Salamon) is located at 750 Forest Av., Lakewood, NJ and the 'trustees' are Aaron Knopfler and Joel Katz.



M04504440820550
39200.pdf (26 K...

The premium payment check is signed by Aaron Knopfler and is drawn on the Chase Morgan Chase Bank account # 74250375 in the amount of \$336,690.00.

Would you be kind enough to contact me and provide me with the account details that may shed some light on the suspect nature of these trusts so that I can determine that there is no affiliation with our insured, etc?

Thanks so very much for any assistance that you may be able to provide.

Thank you very much.

Steve

Stephen J. Mostecak
Principal Investigator

AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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Jul 23 08 10:01a

Stephen Mostecak

845-398-0675


p.1

LIVE CHECK

57

08 JAN 3 AM 11:00

01/03/2008 11:35 0724029 5170

05 HANA FAMILY TRUST ^{12 12} 9990
Date 12/28/07
PAY American General Life Ins. Co. \$ 366,690.00
in the order of Three hundred sixty six thousand six hundred ninety
CHASE 
3PMorgan Chase Bank, N.A.
New York, New York 10017
www.chase.com
Attn # U100222542 Am Kylin
⑆021000021⑆ 742750375⑈9990

RECEIVED
DEC 31 2007
NEW BUSINESS

From: Mostecak, Stephen
Sent: Thursday, June 26, 2008 12:01 PM
To: 'vegairs@yahoo.com'
Cc: 'Mike Madden'
Subject: RE: American General Life policy on Hana Salamon - U10022254L
Mr. Vega:

Pursuant to your conversation with Mike Madden, kindly contact me ASAP so that I set up an interview with you.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

Cell: 917.862.2862

E-Mail: Stephen.Mostecak@AIG.com

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-----Original Message-----

From: John Vega [mailto:vegairs@yahoo.com]

Sent: Monday, June 09, 2008 2:05 PM

To: Mostecak, Stephen

Subject: Re: American General Life policy on Hana Salamon - U10022254L

Contact my home office with regard to this matter (Hooper Holmes - Infolink) This inspection report was complete more than one year ago and I have already spoken to someone claiming to be an AIG fraud investigator with regard to this case at least one year ago. I have no need to correspond with you nor with anyone else regarding this case. If you attempt to contact me again, you will be hearing from my attorney. Thank you,

John D. Vega

President: Infolink Global Profiles

E-Mail: vegairs@yahoo.com

--- On Mon, 6/9/08, Mostecak, Stephen <Stephen.Mostecak@AIG.com> wrote:

From: Mostecak, Stephen <Stephen.Mostecak@AIG.com>
Subject: American General Life policy on Hana Salamon - U10022254L
To: "vegairs@yahoo.com" <vegairs@yahoo.com>
Date: Monday, June 9, 2008, 1:50 PM

Mr. Vega:

I am a Fraud Investigator with AIG and I am reviewing the above policy, and I see your name in the file as contacting the Crump Underwriter, Great Seigars.

Kindly call me please. Thanks.

Message

Page 2 of 2

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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Stephen Mostecak
Principal Investigator
Fraud Investigation Division

**AIG World Investigative Resources
Northeast Region**

P.O. Box 372
West Nyack, NY 10994
845.398.0675 - Phone
917.862.2862 - Cell
1.866.667.8514 - (E-fax)

June 27, 2008

Pinchas M. Geller, CPA
1227 51st Street
Suite B1
Brooklyn, NY 11219

Re: Hana Salamon

Mr. Geller:

I am a Fraud Investigator with AIG World Investigative Resources, and I conduct work for our AIG subsidiary, American General Life Insurance Company.

As you may recall, you were contacted in December 2007 by a John Vega from Infolink Services, and he spoke to you regarding the financials of Hana Salamon. I assume you are her Accountant. I'm sure that you are aware that the financial questions related to her obtaining a life insurance policy with American General.

I attempted to call you at the # provided to us by Mr. Vega at 718.501.4060 (Mr. Vega told me that this was your cell #), but the # was inoperative.

I would like the opportunity to meet with you and discuss Hana Salamon's financials as reported, which were the basis of the issuance of the life policy.

Kindly contact me as soon as possible to discuss this matter, sir.

I thank you very much for your cooperation.

Very truly yours,

Stephen Mostecak
Principal Fraud Investigator
Certified Mail – RRR and Regular Delivery

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Stephen Mostecak
Principal Investigator
Fraud Investigation Division

**AIG World Investigative Resources
Northeast Region**

P.O. Box 372
West Nyack, NY 10994
845.398.0675 - Phone
917.862.2862 - Cell
1.866.667.8514 - (E-fax)

June 27, 2008

Pinchas M. Geller, CPA
1227 51st Street
Suite B1
Brooklyn, NY 11219

Re: Hana Salamon

Mr. Geller:

I am a Fraud Investigator with AIG World Investigative Resources, and I conduct work for our AIG subsidiary, American General Life Insurance Company.

As you may recall, you were contacted in December 2007 by a John Vega from Infolink Services, and he spoke to you regarding the financials of Hana Salamon. I assume you are her Accountant. I'm sure that you are aware that the financial questions related to her obtaining a life insurance policy with American General.

I attempted to call you at the # provided to us by Mr. Vega at 718.501.4060 (Mr. Vega told me that this was your cell #), but the # was inoperative.

I would like the opportunity to meet with you and discuss Hana Salamon's financials as reported, which were the basis of the issuance of the life policy.

Kindly contact me as soon as possible to discuss this matter, sir.

I thank you very much for your cooperation.

Very truly yours,

Stephen Mostecak
Principal Fraud Investigator
Certified Mail – RRR and Regular Delivery

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A Member Company of
American International Group, Inc.

Field Bulletin: 07/27/2005

AIG American General Position Statement on Viatical Settlements, Life Settlements and Investor-Owned Insurance

AIG American General ("AIGAG") continues to monitor developments in the secondary market for life insurance as well as emerging issues relating to investor-owned life insurance (IOLI). Innovations in the viatical and life settlement industry have drawn the attention of federal and state regulators due, in part, to highly publicized frauds that have occurred in recent years. Similarly, regulators and industry groups have surfaced a variety of questions relating to the inherent perils in IOLI sales. These types of transactions present a variety of risks for insureds, policyholders, producers and the company.

At AIGAG, the overriding concern is looking after the best interests of our policyholders and insureds. In addition to the potential for fraud, life settlement and IOLI transactions raise issues of suitability (particularly for seniors) and the adequacy of disclosures. These transactions also have the potential for implication under securities laws.

POSITION STATEMENT:

- The AIGAG life companies will not issue a policy if the probable intention of the insured, or any other party to the life insurance transaction, is to sell the policy to a viatical or life settlement provider.
- The AIGAG life companies will not issue a policy that does not comply with applicable insurable interest statutes.

Any producer appointed with AIGAG who is considering participating in a viatical, life settlement or similar transaction in a secondary market for life insurance policies or an IOLI sale should be mindful of and comply with the AIGAG Compliance Manual. In addition, AIGAG producers are required to comply with the following directives relative to life insurance transactions in the secondary market or IOLI sales:

- Provide Full Disclosure to AIGAG. As a producer for AIGAG, you have a duty to disclose any information that indicates coverage may be part of a plan to sell the policy in the secondary market and to disclose IOLI sales. The owner of a life insurance policy must have an insurable interest in the life of the insured at the time the policy is issued. Applying for life insurance with the intention of selling the policy in the secondary market in the future not only threatens the insurable interest supporting that policy, it exposes the policy to being deemed void. For the same reasons, the Company will not permit a sale where there is not a clear insurable interest. Producers are required to disclose if the proposed insured is applying for coverage with the probable intention of selling his or her policy in the "Reason for Insurance" section of the application.
- Consider Policy Options. Explain any available rider benefit as well as all contractual rights available to a client who is considering a viatical or life settlement sale.
- Do Not Use Company Letterhead. Engaging in secondary market transactions and IOLI sales are outside the scope of your contract with AIGAG. Accordingly, any communication you have with your client or any third party in connection with such transactions should not be on AIG American General letterhead and should not reference AIG American General in any way.

OTHER POINTS TO CONSIDER:

- Understand Licensing Requirements. Before engaging in transactions involving either the viatical or life settlement markets, know and follow the licensing requirements in each state where you plan to do business. Expect states that have enacted legislation or regulations on conduct and/or licensure to have enacted differing sets of restrictions.
- Review Your E&O Coverage. Most Errors & Omissions plans do not cover viatical and/or life settlement sales. You should confirm that you have adequate E&O coverage before participating in viatical or settlement transactions. Be sure to determine if the E&O limits cover all settlement activity or if they apply to individual settlement transactions.
- Conflicts of Interest are Prohibited. Agents have broadened their insurance practices by serving as a settlement broker, settlement purchaser, settlement company, trustee, or even a finance company. Representing multiple parties or serving multiple roles in one transaction creates a risk of conflict and is prohibited. For example, (1) an agent or affiliate of an agent may not serve as the trustee of a trust created for the benefit of an unrelated third party; (2) an agent or an affiliate of an agent may not possess an ownership interest in an AIGAG policy sold by the agent if he/she lacks an insurable interest in the insured; and (3) an agent or affiliate of an agent may not possess an ownership interest in an entity owning an AIGAG policy sold by the agent if he/she lacks an insurable interest in the insured.

ADDITIONAL REQUIREMENTS FOR REGISTERED REPRESENTATIVES OF AGSI OR ANOTHER BROKER-DEALER:

- Understand Implications of Securities Laws. Securities laws may restrict the transfer of or compensation paid for the sale or transfer of registered contracts to a viatical or life settlement company.

AIG American General Position Statement on Viatical Settlements, Life Settlements and Investor-Owned ... Page 2 of 2

- AGSI Registered Representatives. If you are a registered with AGSI, you are required to provide prior written notice of your intent to engage in viatical, life settlement and/or IOLI business (fixed and variable). Keep in mind that due to the fact that viatical investments are being defined as securities under state securities laws, AGSI will typically deny requests for participation in these types of transactions.

For questions regarding transactions in the secondary market for life insurance (including viatical or life settlement transactions) or IOLI sales, contact Katherine Easterby at 800-677-3311, ext. 1192

For more information, please call your marketing support group. This bulletin is intended for all agents of the Affluent Markets Group. It is not intended for direct dissemination to non-appointed agents or the public. Please distribute accordingly.

Close Window

Update to AIG American General's Position Statement on Viatical Settlements, Life Settlements and Inves... Page 1 of 1

Close Window

Field Bulletin 02/02/2006

Update to AIG American General's Position Statement on Viatical Settlements, Life Settlements and Investor-Owned Insurance

On January 11, 2006, the New York Insurance Department posted on its Web site an opinion by the Office of the General Counsel (OGC) dated December 19, 2005, regarding proposed transactions involving third party financing of investor owned life insurance. The OGC opinion concluded that there is no insurable interest in such transactions and that the proposed transaction would not be permissible under New York law. The OGC opinion is the latest example of the intense scrutiny applied to these transactions by state and federal regulators. It is consistent with proposals on the federal level to impose an excise tax on investor owned life insurance transactions involving charities. It also vividly reflects the criticisms of these transactions by reinsurers, numerous life insurance carriers and industry trade associations, including NAIFA, AALU, and ACLI.

On July 27, 2005, AIG American General issued a Field Bulletin stating that our life companies would not issue an insurance policy (1) if the probable intention of the insured, or any other party to the life insurance transaction, is to sell the policy to a viatical or life settlement provider or (2) that does not comply with applicable insurable interest statutes. We also advised that the company would continue to monitor developments relating to investor owned life insurance.

As the scrutiny of regulators and the industry has increased, creative variations of investor owned life insurance transactions have emerged. The overriding concern at AIG American General is protecting the best interests of our policy owners and insureds. The continuing criticisms of investor owned life insurance and the evolving form of these transactions have prompted the company to further refine our position.

Effective immediately, AIG American General will not accept new applications for which the primary source of premium payments for an insured over age 70 is expected to be financed through non-recourse loans. These prohibitions apply regardless of the jurisdiction in which the policy is to be issued. Please also be advised that AIG American General will take disciplinary action up to and including termination against any producer whom attempts to circumvent this policy.

For more information, please call your marketing support group. This bulletin is intended for all agents of the Affluent Markets Group. It is not intended for direct dissemination to non-appointed agents or the public. Please distribute accordingly.

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Page 1 of 6 received at 11/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAXSVR06.

MetLife Insurance

To: Steve Mostecak
 Company: AIG
 Date: January 22, 2008
 From: Jim Bilello
 Fax Number: (908) 655-9901
 Business Number: (732) 326-5138
 E-Mail: jbilello@metlife.com

Steve,

MetLife is reviewing the underwriting for a recently applied and/or issued policy to determine whether undisclosed coverage may have existed at the time of issue. Our records indicate that this application may have been shopped for competitive premium bids and that AIG may have received an application. Please advise whether AIG has issued on the following individual and, if so, please provide the face amount, date of issue and agent of record:

Policy Number	First Name	Last Name	SS#	DOB
208003440	Moses (Moshe)	Feder	118-30-0737	2/28/1928
207286236	Agi (Agnes)	Fliegman	053-36-6579	3/15/1931
207286192	Alvin	Lapides	104-22-5850	6/19/1931
208001252	Lola	Lieber-Schwartz	062-28-4378	3/15/1923
208001895	Hana	Salamon	319-82-9296	1/12/1931

Accurint lists Ms. Salamon's ss# as 090-30-5929

Please feel free to contact me directly if you need additional information. Thank you!

Page 2 of 6 received at 1/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAAXSVR06

Check the appropriate company.

Authorization

Proposed Insured: _____

☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules. For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below, I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and the MIB Group, Inc. (MIB) to give the Company information about me or such child(ren), including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as described in the Company's Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES:

(If a Proposed Insured is under age 18, the Parent or Guardian, (circle one) is to sign on line for such child.)

Proposed Insured #1 Moses Feder Date 12/20/07
 Print Name of Proposed Insured #1 Moses Feder Date of Birth 02/29/89
 Proposed Insured #2 _____ Date _____
 Print Name of Proposed Insured #2 _____ Date of Birth _____
 Witness Boyer Baron Date 12/20/07



Page 3 of 6 received at 1/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAAXSVR06.

Check the appropriate company.

Authorization

Proposed Insured:

- ☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules.
 I authorize the Company to use my information for underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below.

- I authorize the Company to give the Company information about me or such child(ren), including:
 - Personal information and data;
 - Medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - Information related to alcohol and drug abuse and treatment;
 - Information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - Information, records and data relating to mental illness.
- I authorize the Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by law.
- I authorize the Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- I authorize the Company to request the employer, business associate, financial institution, or government agency to give the Company any information or data that it may have: occupations; avocations; driving record; finances; character; reputation; and aviation activities.
- I understand that:
 - Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as described in the Company's Privacy Notice, a copy of which was given to me.
 - Part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who provides a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be used as otherwise required or permitted by applicable laws.
 - Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR 2.61.
 - Information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to these laws or regulations.
 - Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine eligibility of other family members.
 - Information relating to HIV test results will only be disclosed as permitted by applicable law.
 - If the Company determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and I will be required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not provide treatment or payment for treatment or other benefits on my signing it.
 - This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
 - I have the right to receive a copy of this form.

A copy of this form is as valid as the original form.

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Parent
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on
d.)



Proposed Insured #1

Print Name of Proposed Insured #1

Proposed Insured #2

Print Name of Proposed Insured #2

Witness

Date 11-11-07

Date of Birth 3-15-31

Date

Date of Birth

Date 11-11-07



EA

(05/05) ef

Page 4 of 6 received at 11/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAAXSVR06.

Check the appropriate company.

Authorization

Proposed Insured:

- ☐ Metropolitan Life Insurance Company ☐ MetLife Investors USA Insurance Company
☐ New England Life Insurance Company ☐ General American Life Insurance Company
☐ MetLife Investors Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules.

For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below,

I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and the MIB Group, Inc. (MIB) to give the Company information about me or such child(ren), including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions, including Human Immuno-deficiency Virus (HIV) test results; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as described in the Company's Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES:

(If a Proposed Insured is under age 18, the Parent or Guardian, (circle one) is to sign on line for such child.)

Proposed Insured #1 Allen S. LapidesDate 11/11/07Print Name of Proposed Insured #1 Allen LapidesDate of Birth 6-19-31

Proposed Insured #2 _____

Date _____

Print Name of Proposed Insured #2 _____

Date of Birth _____

Witness Juan LopezDate 11/11/07

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Check the appropriate company.

Authorization

Proposed Insured:

- ☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules.
 For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below,
 I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and the MIB Group, Inc. (MIB) to give the Company information about me or such child(ren), including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as described in the Company's Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company; information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES:

(If a Proposed Insured is under age 18, the Parent or Guardian (circle one) is to sign on line for such child.)

Proposed Insured #1 Lola Lieber-Schwartz Date 12/18/2007Print Name of Proposed Insured #1 Lola Lieber-Schwartz Date of Birth 03/15/1923

Proposed Insured #2 _____ Date _____

Print Name of Proposed Insured #2 _____ Date of Birth _____

Witness [Signature] Date 12/18/2007

Page 6 of 6 received at 11/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAXSVR06.

Check the appropriate company.

Authorization

Proposed Insured: _____

☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

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 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

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- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES:

(If a Proposed Insured is under age 18, the Parent or Guardian, (circle one) is to sign on line for such child.)

Proposed Insured #1 Hana Salamon Date 12/17/07Print Name of Proposed Insured #1 Hana Salamon Date of Birth 1/12/1991

Proposed Insured #2 _____ Date _____

Print Name of Proposed Insured #2 _____ Date of Birth _____

Witness [Signature] Date _____

May 30 08 02:01p

Stephen Mostecak

845-398-0675

p.1



AIG World Investigative Resources (AIGWIR)

P.O. Box 372

West Nyack, NY 10994

845.398.0675 – Voice

1.866.667.8514 – Easylink Fax

E-mail: stephen.mostecak@aig.com

TO: Jim Bilello, MetLife
Fax: 908.655.9901
jbilello@metlife.com

FROM: STEPHEN J. MOSTECAK
Principal Investigator

DATE: May 30, 2008

RE: Hana Salamon

OF PAGES: 2

(Including this cover sheet)

Hi Jim:

This request is regarding Hana Salamon, DOB: 1.12.1931.

Please consider this a Special Investigations Unit request in support of an internal fraud investigation to determine whether agents of American General Insurance Company may have committed insurance fraud against AIG involving a suspect IOLI/SOLI investigation.

American General has issued a life policy on Hana Salamon and I am aware that Ms. Salamon has applied for life coverage from MetLife.

I attach a copy of Hana Salamon's signed authorization. As such, may I request a copy of the policy application, and any financial disclosures, that Hana Salamon has provided MetLife, in furtherance of my investigation?

Thank you,

A handwritten signature in black ink, appearing to read "Step Mostecak", written over a horizontal line.

Stephen Mostecak

Principal Investigator

AIG World Investigative Resources

Fraud Investigation Division

NOTICE

This document contains confidential and proprietary information concerning AIG World Investigative Resources (AIGWIR) and may be protected by legal privileges and work product immunities. The information may not be used, reproduced or distributed without the express prior written consent of AIGWIR. If you are not the intended recipient, you must not read, use or disseminate this information.

May 30 08 02:01p

Stephen Mostecak

845-398-0675

p.2

12/18/2007 16:16 8503213285

CRUMP;

PAGE 18/92

12/13/2007 01:34 FAX 7188535511

HALPERT

005/007

American General Life Insurance Company, Houston, TX
 The United States Life Insurance Company is the City of New York, New York, NY
 The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium on insurance, it will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") - If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s). I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931. This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may request to be interviewed for the report and receive, upon written request, a copy of such report. ☐ Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Proposed Insured(s)/Owner Signature

Signed at (city, state)

On (date)

Primary Proposed Insured X

(If under age 15, signature of parent or guardian)

Other Proposed Insured X

(If under age 15, signature of parent or guardian)

Owner (if other than Primary Proposed Insured) X

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print)

Writing Agent #

Writing Agent Signature X

Countersigned

(Licensed resident agent if state required)

From: Berry, Benjamin [Benjamin.Berry@ic.fbi.gov]
Sent: Sunday, July 27, 2008 4:59 PM
To: Mostecak, Stephen
Subject: Re: Bank

Steve: Never heard of this "bank." Sounds fraudulent to me. A check with the New York State Banking Department would give you a definitive answer. Also, about six months ago I was transferred out of the bank fraud area. Hope this is helpful. Regards, Ben

From: Mostecak, Stephen
To: Berry, Benjamin
Sent: Fri Jul 25 10:13:31 2008
Subject: Bank

Hi Ben:

Came across your name on Dave Rosenzweig's External Crimes contact list. Quick question if I may, Sir. I'm investigating several suspect Stranger Owned Life Insurance policies in Brooklyn. An accountant of the insured indicates that this insured has a bank by the name of **Berkshire and Abrie** in Brooklyn, NY. I can't find this name anywhere? Might you have heard of it? I think it's just part of the scam.....Thanks.

Steve

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
Cell: 917.862.2862
E/Mail: Stephen.Mostecak@AIG.com
F.I.D. Intranet Site: <<http://aignetprod.aig.com/cffid>>

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DMV REQUEST FORM

(Must be filled out completely)

Date: July 21, 2008

Investigator: Stephen Mostecak Casetrack Number: 2008-0293

Insured: Salamon, Hana Policy Number: U10022254L

Claimant: Claim Number: N/A

Type of Policy:

Life

What would you like run:

Confirm and Verify Driver's License Number #658906493 DOB: 1/12/1931 or 1/21/1931

Do you need Insurance Info?

Negative

Reason for information:

Life Insurance Investigation

**If you are in the field and would like a plate # run please provide color, make, model
and location of the vehicle and date and time of location.**

In the State of NJ you must have Driver's License #, you can not run by name.

*****RESULTS*****

*RECORD EXPANSION FOR: SALAMON, HANA

CLIENT ID#: 658906493

SALAMON, HANA DOB: 01/12/1931 SEX: F

4910 17 AVE 2J HEIGHT: 5-3 EYE COLOR: BLUE

BROOKLYN NY 11204 COUNTY: KING

MI #: S01411 09630 460888-31

ID ONLY EXPIRATION: 01/12/2013

*** END OF RECORD ***

Stephen Mostecak
Principal Investigator



**AIG World Investigative Resources
Northeast Region**

P.O. Box 372
West Nyack, NY 10994
845.398.0675 - Phone
917.862.2862 - Cell
1.866.667.8514 - (E-fax)

May 30, 2008

Ms. Hana Salamon
4910 17th Avenue
Apartment 2J
Brooklyn, NY 11204

Re: Policy # U10022254L - \$8.5M – AIG American General Life Insurance Company

Dear Mrs. Salamon:

I attach my 2/26/08 letter for your reference.

Subsequent to my several conversations with you and with your grand-niece, Pessie Silbiger, I have made numerous attempts to meet with you regarding concerns that I have with your life policy with AIG American General.

You have advised me that you want Pessie Silbiger to be present when I meet with you and to have your attorney present; I have no objections to either. May I remind you again that you, as our insured, have an obligation to AIG American General to answer any questions that arise regarding your policy. However, a great deal of time has passed and you (or Ms. Silbiger) have not made any contact with me to set up an appointment to meet at your convenience.

I am copying Ms. Silbiger with this letter. It is necessary for us to meet in person regarding your policy. Thanks for your prompt contact in this matter.

Very truly yours,

Stephen Mostecak
Principal Investigator
Enc.

CC: Pessie Silbiger, 1156 42nd street, Brooklyn, NY 11219

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From: Mostecak, Stephen
Sent: Monday, June 09, 2008 1:06 PM
To: 'James Bilello'
Subject: Hana Salamon
Hi Jim:

I was wondering if your Hana Salamon policy application listed the below guy as the Accountant?

The accountant is listed on the Inspection Report. His name is Mr. **Pinchase Geller** in Brooklyn, NY and the office telephone number listed is (718) 501-4060.

The financials indicated a total income of +/- \$480,000 (130k dividends/interest, 200k rentals, self employed income 150k) and a total net worth of \$15,900,000+ (business ownership unavailable, 2 residential apartment complexes at 12mil, primary residence at 750k, stocks/bonds 2mil, personal effects 150k, artwork 1mil+ and no liabilities). There is a statement that the figures were estimates and provided by the applicant and appear accurate according to the CPA.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

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AIG World Investigative Resources (AIGWIR)

P.O. Box 372

West Nyack, NY 10994

845.398.0675 – Voice

1.866.667.8514 – Easylink Fax

E-mail: stephen.mostecak@aig.com

TO: Jim Bilello, MetLife
Fax: 908.655.9901
jbilello@metlife.com

FROM: STEPHEN J. MOSTECAK
Principal Investigator

DATE: May 30, 2008

RE: Hana Salamon

OF PAGES: 2

(Including this cover sheet)

Hi Jim:

This request is regarding Hana Salamon, DOB: 1.12.1931.

Please consider this a Special Investigations Unit request in support of an internal fraud investigation to determine whether agents of American General Insurance Company may have committed insurance fraud against AIG involving a suspect IOLI/SOLI investigation.

American General has issued a life policy on Hana Salamon and I am aware that Ms. Salamon has applied for life coverage from MetLife.

I attach a copy of Hana Salamon's signed authorization. As such, may I request a copy of the policy application, and any financial disclosures, that Hana Salamon has provided MetLife, in furtherance of my investigation?

Thank you,

Stephen Mostecak
Principal Investigator
AIG World Investigative Resources
Fraud Investigation Division

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NY EXTERNAL FRAUD REQUEST FOR ASSISTANCE

Page 1 of 2

From: Rosenzweig, David [ROSENZWEIGD@dany.nyc.gov]
Sent: Tuesday, June 17, 2008 4:26 PM
To: Mostecak, Stephen
Subject: RE: NY EXTERNAL FRAUD REQUEST FOR ASSISTANCE

Follow Up Flag: Follow up
Flag Status: Flagged
Steve,

This looks like some hocus pocus! and most likely a scheme.

There is no entity at all named Berkshire & Abrle in Brooklyn, NY. Berkshire bank is a licensed bank with their headquarters in Manhattan & licensed by the NY State Banking Dept.

Ten to one, the financial info is fictitious, can you ask the customer for a copy of their bank statement?

What about the broker?

David

From: Mostecak, Stephen [mailto:Stephen.Mostecak@AIG.com]
Sent: Tuesday, June 17, 2008 12:26 PM
To: Rosenzweig, David
Subject: NY EXTERNAL FRAUD REQUEST FOR ASSISTANCE

Hi Dave:

I am investigating a suspect Stranger Owned Life Insurance case where the insured alleges that her Net Worth is approximately \$15M, but our asset databases show nothing remotely close to that.

In her policy application is listed a bank name of Berkshire & Abrle in Brooklyn, NY. I can't find any listing of this bank, only a Berkshire Bank at 1119 Avenue J, Brooklyn, NY 11230.

I was wondering if any of our members might have a contact for the above mentioned bank and may be able to assist me.

Thank you, Sir.

Steve
Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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From: Mostecak, Stephen
Sent: Wednesday, July 16, 2008 4:39 PM
To: 'PGeller@PGellerCPA.com'
Subject: Hana Salamon
Mr. Geller:

Thanks for taking the time and meeting with me today regarding my investigation of the life policy issuance of Hana Salamon.

Kindly contact me as soon as possible once you locate your file on Hana Salamon that depicts her real estate property ownership that you verified to the investigator from Infolink Services, John Vega, and which AIG American General based the issuance of the policy on.

Thanks very much.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

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From: Mostecak, Stephen
Sent: Wednesday, July 23, 2008 10:17 AM
To: 'WALTER.CARROLL@CHASE.COM'
Cc: 'rosenzweigd@DANY.NYC.GOV'
Subject: Check Investigation
Hi Walter:

I'm a member of the External Fraud Committee and I found your name from the contact list compiled by Dave Rosenzweig.

I am conducting a Stranger Owned Life Insurance policy investigation (one of many) in Brooklyn, NY. These are cases wherein the policy is taken out with the intent to sell to a group of investors...and this case is based upon material misrepresentations involving the insured's net worth and failure to disclose existing or applied for insurance coverage. I have forwarded this investigation to the New York State Insurance Frauds Bureau and I am attempting to enlist the assistance of the Postal Inspectors (Jean Wright). One of the MANY suspect elements of this investigation involve a trust being set up under the guise of it being for family members when in fact premium payments are made on the policy, through the trust, by the investors...the insured doesn't spend a dime of their own money.

If I may, Sir, I am attaching a copy of a check for the initial premium payment on this \$8.5M policy. The 'trust' (Hana Family Trust - our insured is a Hana Salamon) is located at 750 Forest Av., Lakewood, NJ and the 'trustees' are Aaron Knopfler and Joel Katz.



M04504440820550
39200.pdf (26 K...

The premium payment check is signed by Aaron Knopfler and is drawn on the Chase Morgan Chase Bank account # 74250375 in the amount of \$336,690.00.

Would you be kind enough to contact me and provide me with the account details that may shed some light on the suspect nature of these trusts so that I can determine that there is no affiliation with our insured, etc?

Thanks so very much for any assistance that you may be able to provide.

Thank you very much.

Steve

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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845-398-0675

p.1

08 JAN 3 AM 11:00

LIVE CHECK

57


01/03/2008 11:35 0724029 5170

05 HANA FAMILY TRUST ¹²⁻²² 9990 ₂₁₀

Date 12/28/07

PAY American General Life Ins. Co. \$ 366,690.00
to the order of

Three hundred sixty six thousand, six hundred ninety

CHASE 
JPMorgan Chase Bank, N.A.
New York, New York 10017
www.chase.com

Account # U100222542 Am Kylin

⑆02⑆00002⑆⑆ ⑆42750375⑆9990

RECEIVED
DEC 31 2007
NEW BUSINESS

Message

Page 1 of 2

From: Mostecak, Stephen
Sent: Thursday, June 26, 2008 12:01 PM
To: 'vegairs@yahoo.com'
Cc: 'Mike Madden'
Subject: RE: American General Life policy on Hana Salamon - U10022254L
 Mr. Vega:

Pursuant to your conversation with Mike Madden, kindly contact me ASAP so that I set up an interview with you.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

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-----Original Message-----

From: John Vega [mailto:vegairs@yahoo.com]
Sent: Monday, June 09, 2008 2:05 PM
To: Mostecak, Stephen
Subject: Re: American General Life policy on Hana Salamon - U10022254L

Contact my home office with regard to this matter (Hooper Holmes - Infolink) This inspection report was complete more than one year ago and I have already spoken to someone claiming to be an AIG fraud investigator with regard to this case at least one year ago. I have no need to correspond with you nor with anyone else regarding this case. If I attempt to contact me again, you will be hearing from my attorney. Thank you,

John D. Vega

President: Infolink Global Profiles

E-Mail: vegairs@yahoo.com

--- On Mon, 6/9/08, Mostecak, Stephen <Stephen.Mostecak@AIG.com> wrote:

From: Mostecak, Stephen <Stephen.Mostecak@AIG.com>
 Subject: American General Life policy on Hana Salamon - U10022254L
 To: "'vegairs@yahoo.com'" <vegairs@yahoo.com>
 Date: Monday, June 9, 2008, 1:50 PM

Mr. Vega:

I am a Fraud Investigator with AIG and I am reviewing the above policy, and I see your name in the file as contacting the Crump Underwriter, Great Seigars.

Kindly call me please. Thanks.

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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From: Pinchas Geller, CPA [pinnygcpa@gmail.com]
Sent: Thursday, July 17, 2008 10:18 AM
To: Mostecak, Stephen
Subject: RE: Hana Salamon
Mr. Mostecak

I would very much want to assist you in your investigation, however, I determined that me talking to you would be in violation of IRC and AICPA code of professional standards. I reviewed the Internal Revenue Code and the AICPA code of professional standards. According to IRC Section 7216 and AICPA rule 301 I can't disclose any information of my clients without their specific consent. Violation of IRC 7216 is subject to a fine or imprisonment or both.

Respectfully,
Pinchas Geller, CPA

From: Mostecak, Stephen [mailto:Stephen.Mostecak@AIG.com]
Sent: Wednesday, July 16, 2008 4:39 PM
To: 'PGeller@PGellerCPA.com'
Subject: Hana Salamon

Mr. Geller:

Thanks for taking the time and meeting with me today regarding my investigation of the life policy issuance of Hana Salamon.

Kindly contact me as soon as possible once you locate your file on Hana Salamon that depicts her real estate property ownership that you verified to the investigator from Infolink Services, John Vega, and which AIG American General based the issuance of the policy on.

Thanks very much.

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
Fraud Investigation Division
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
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Stephen Mostecak
Principal Investigator
Fraud Investigation Division

**AIG World Investigative Resources
Northeast Region**

P.O. Box 372
West Nyack, NY 10994
845.398.0675 - Phone
917.862.2862 - Cell
1.866.667.8514 - (E-fax)

June 27, 2008

Pinchas M. Geller, CPA

1227 51st Street
Suite B1
Brooklyn, NY 11219

Re: Hana Salamon

Mr. Geller:

I am a Fraud Investigator with AIG World Investigative Resources, and I conduct work for our AIG subsidiary, American General Life Insurance Company.

As you may recall, you were contacted in December 2007 by a John Vega from Infolink Services, and he spoke to you regarding the financials of Hana Salamon. I assume you are her Accountant. I'm sure that you are aware that the financial questions related to her obtaining a life insurance policy with American General.

I attempted to call you at the # provided to us by Mr. Vega at 718.501.4060 (Mr. Vega told me that this was your cell #), but the # was inoperative.

I would like the opportunity to meet with you and discuss Hana Salamon's financials as reported, which were the basis of the issuance of the life policy.

Kindly contact me as soon as possible to discuss this matter, sir.

I thank you very much for your cooperation.

Very truly yours,

**Stephen Mostecak
Principal Fraud Investigator
Certified Mail – RRR and Regular Delivery**

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From: Pinchas Geller, CPA [pinnygcpa@gmail.com]
Sent: Thursday, July 17, 2008 10:18 AM
To: Mostecak, Stephen
Subject: RE: Hana Salamon
Mr. Mostecak

I would very much want to assist you in your investigation, however, I determined that me talking to you would be in violation of IRC and AICPA code of professional standards. I reviewed the Internal Revenue Code and the AICPA code of professional standards. According to IRC Section 7216 and AICPA rule 301 I can't disclose any information of my clients without their specific consent. Violation of IRC 7216 is subject to a fine or imprisonment or both.

Respectfully,
Pinchas Geller, CPA

From: Mostecak, Stephen [mailto:Stephen.Mostecak@AIG.com]
Sent: Wednesday, July 16, 2008 4:39 PM
To: 'PGeller@PGellerCPA.com'
Subject: Hana Salamon

Mr. Geller:

Thanks for taking the time and meeting with me today regarding my investigation of the life policy issuance of Hana Salamon.

Kindly contact me as soon as possible once you locate your file on Hana Salamon that depicts her real estate property ownership that you verified to the investigator from Infolink Services, John Vega, and which AIG American General based the issuance of the policy on.

Thanks very much.

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

Cell: 917.862.2862

E/Mail: Stephen.Mostecak@AIG.com

F.I.D. Intranet Site: <<http://aignetprod.aig.com/cffid>>

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From: Mostecak, Stephen
Sent: Tuesday, June 17, 2008 12:26 PM
To: 'Rosenzweig, David'
Subject: NY EXTERNAL FRAUD REQUEST FOR ASSISTANCE
Hi Dave:

I am investigating a suspect Stranger Owned Life Insurance case where the insured alleges that her Net Worth is approximately \$15M, but our asset databases show nothing remotely close to that.

In her policy application is listed a bank name of Berkshire & Abrle in Brooklyn, NY. I can't find any listing of this bank, only a Berkshire Bank at 1119 Avenue J, Brooklyn, NY 11230.

I was wondering if any of our members might have a contact for the above mentioned bank and may be able to assist me.

Thank you, Sir.

Steve

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

Fraud Investigation Division

P.O. Box 372

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4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A
2 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A
3 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A
4 4910 17th Ave	0	\$132,500	05/09/2007	N/A	N/A	N/A	N/A
7 4910 17th Ave	0	\$310,000	09/19/2006	N/A	N/A	N/A	N/A
5 4910 17th Ave	0	\$325,000	01/30/2007	N/A	N/A	N/A	N/A
6 4910 17th Ave	0	\$325,000	01/30/2007	N/A	N/A	N/A	N/A

Homes near 4910 17th Ave, Brooklyn, NY 11204 are valued at* ...

Public records data or calculated estimates indicate that houses in your area are valued between **\$132,500** and **\$325,000** during the last 18 months.*

Feb 13 08 09:22a

Stephen Mostecak

845-398-0675

p.1

AWD History for Work object key 2007-12-21-07.56.41.022872001

AGLC - CNCRGEAPP - ISSUE - ENRENDZ - Updateable

U10022254L - SPLAMCN - IFAM03

Policy Number: U10022254L

Client ID:
Team: TEAM03

Source of Reissue:

Printed on Tuesday, January 22, 2009 at 11:21:37AM

From: John Vega (mailto:vegairs@yahoo.com)

Sent: Thursday, December 27, 2007 12:11 PM

To: Seigars, Greta

Subject: Re: URGENT...HANA SALAMON

YES

WE ABSOLUTELY VERIFIED THE INFORMATION WITH THE ACCOUNTANT - HE WAS VERY COOPERATIVE - I HAVE INCLUDED HIS TELEPHONE #, SHOULD THE UNDERWRITERS CARE TO SPEAK WITH HIM THEMSELVES. WE ALWAYS VERIFY FINANCIAL ESTIMATES ON THE LARGER INSPECTIONS AND WE ALWAYS INCLUDE IN THE NARRATIVE FROM WHOM WE RECEIVED INDEPENDENT THIRD PARTY FINANCIAL VERIFICATION. HAPPY NEW YEAR GRETA AND I AM OUTTA HERE !!

"Seigars, Greta" <greta.seigars@crump.com> wrote:

John: Can you please verify for me...did you call the accountant on this case and verify the financials or are these completely provided by the applicant? Your comments on the bottom of page 2 lead me to believe that possibly you verified the info, but I really need to know definitively.

Begin Date: 2007-12-27
Begin Time: 11:49:25
User Id: U40UN32
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: Frazer, Amy
DTM Description:
Comments:

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2007-12-27
End Time: 11:49:25

From: Seigars, Greta (mailto:greta.seigars@crump.com)
Sent: Thursday, December 27, 2007 12:09 PM
To: Umberant, Susan - AGL
Cc: Geiger, Tom - AGL; Kaplan, Liz; Nestor, Ted; Seigars, Greta; Frazer, Amy
Subject: URGENT PLEASE READ RE: Hana Salamon U10022254L

Susan/Amy:

Regarding the part B: the question is completely answered...there is no missing info. If you need exact ages...Father age 87 at death, mother age 84 at death...natural causes. Both the cardiac and cancer sections are answered no.

Regarding the 3rd party financials...it appears that the info on the IR was verified with the accountant based on the info on the bottom of page 2....are you not reading this in the same way?

I have called the doc's office and obtained the OV records for 12/07 for her "cold"...see attached.

ACCOUNTANT ?

From: Gonzales, Ofelia@Notes
Sent: Tuesday, January 22, 2008 2:00 PM
To: Mostecak, Stephen
Subject: Re: Hana Salamon - Policy # U10022254L

The file for the above insured has been printed as per your request and is being sent to you via UPS. It will leave here with our next mail pick up for today.

Sincerely,
Ofelia Gonzales
Ofelia Gonzales/HOME_OFF/AGLIFE,
Office # 713-831-3707
Fax # 713-620-6600

Stephen
Mostecak/ISGSITE1/AI
G@AIGMSX
01/22/2008 11:14 AM

To:
cc:
Subject:

Ofelia Gonzales/HOME_OFF/AGLIFE@
Hana Salamon - Policy # U10022254L

Hi Ofelia:

Would you be able to send me the complete policy file on the above insured to me at:

29 Swan Street
Palisades, NY 10964

Thanks.

Steve

Stephen J. Mostecak

Principal Investigator

AIG World Investigative Resources (AIGWIR)

P.O. Box 372

West Nyack, NY 10994

Office: 845.398.0675; E-Fax: 1.866.667.8514

Cell: 917.862.2862

E/Mail: **Stephen.Mostecak@AIG.com**

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AIG
Life BrokerageAgent Information
Status as of: 2/15/2008 | 10:51 AM

Agent: YITZCHOK HALPERT (000XTV0100) - AGL			
Status: ACTIVE	Producer Level: AGT		Contract Effective Date: 12/12/2007
Tax ID: XXXXX2373	DOB: 12/11/1958		
Business Address	Residence Address	Commission Statement Address	Phone
BISYS INSURANCE	4608 10TH AVE	BISYS INSURANCE	(717) 657-0789
4250 CRUMS MILL RD	BROOKLYN NY 11219	4250 CRUMS MILL RD	Fax
HARRISBURG PA 17112		HARRISBURG PA 17112	(717) 703 4702
			Email
			GIFTY56@AOL.COM

Contract Information			
Commission Level	BIS1		
Effective Date	12/12/2007		
Agency	Q0071	Hierarchy - Effective 12/12/2007	
Region & RVP	Region 00 - Home Office	Level	ID Name
E & O Expiration Date		NAT	000X055900 BISYS INSURANCE SERVICES
EFT	N	MGA	000X094400 BISYS INSURANCE SERVICES
		AGT	000XTV0100 HALPERT, YITZCHOK

Outstanding Contraction and/or Appointment Requirements					
Date	Team	State	Requirement	Status of Request	Please Respond Within (Days)
12/13/2007	Licensing	NJ	NONRESIDENT APPOINTMENT FEE REQUIRED FOR NJ - CRITICAL.	APPOINTMENT PROCESS ON HOLD	15 Days

Correspondence	
Date	Description
12/17/2007	LCWFBCOR

Agent Appointment Information					
State	State Status	Line of Authority	LOA Status	Effective	Termination
NJ	ACTIVE	Life - Fixed	ACTIVE	12/12/2007	

Agent Index Display for HALPERT, YITZCHOK

Page 1 of 1

Agent Index Display for HALPERT, YITZCHOK	
General Information	
SSN 105582373	Agent/Corp. Name HALPERT, YITZCHOK

Agent Number by Companies Appointed

Level	Company	Agent Number	Agency	Dist. Channel	Region	Address	Status	Phone
1	AGL-H	000XTV0100	Q0071	IAG	62	4250 CRUMS MILL RD HARRISBURG, PA 17112-2889	Active	17176570789
1	AGX-D	000XTV0100	Q0071	IAG	62	4250 CRUMS MILL RD HARRISBURG, PA 17112-2889	Active	17176570789
1	PAY					4250 CRUMS MILL RD HARRISBURG, PA 17112-2889		717-6570789

Licensing and Appointment Information**Appointments by Company**

Appointment Status	Company	Agent Number	Line of Business	State	Appointment Effective Date	License Type	License Number
Active	AGL-H	000XTV0100	L	NJ	12-12-2007	I	1143603

From: Montanti, Sue
Sent: Tuesday, January 22, 2008 2:20 PM
To: Mostecak, Stephen
Subject: FW: Proposed Insureds

Follow Up Flag: Follow up
Flag Status: Flagged
Steve, here are the CT #'s:

Feder - 2008-0289
Fliegman - 2008-0290
Lapides - 2008-0291
~~Lieber-Schwartz - 2008-0292~~
Salamon - 2008-0293

Activity logs are attached.

Sue Montanti
Administrative Assistant
AIG World Investigative Resources (AIGWIR)
555 Taxter Road, Suite 330
Elmsford, NY 10523
Phone: 914-785-5384; E-Fax: 1-866-897-9537
Email: sue.montanti@aig.com
F.I.D. Intranet Site: <http://aignetprod.aig.com/cffid>

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-----Original Message-----

From: Mostecak, Stephen
Sent: Tuesday, January 22, 2008 1:41 PM
To: Montanti, Sue
Subject: FW: Proposed Insureds

Hi Sue:

Here are the locations for the above individuals:

Moses Feder - Brooklyn NY
Agi Fliegman - Brooklyn NY
Alvin Lapides - Monsey NY
Lola Lieber-Schwartz - Brooklyn NY
Hana Salamon - Brooklyn NY

So, in addition to requesting a CT # for hana Salamon, I require CT #'s for the other 4 above. THANKS

S

Message

Page 2 of 3

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
Cell: 917.862.2862
E-Mail: Stephen.Mostecak@AIG.com
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-----Original Message-----

From: Mostecak, Stephen
Sent: Tuesday, January 22, 2008 12:45 PM
To: Montanti, Sue
Subject: FW: Proposed Insureds

Hi Sue:

See above attachment please....

Can you kindly only (for now) set up a CT # (suspect non-disclosed coverage and IOLI policy) for Hana Salamon, Brooklyn, NY. Her policy # is U10022254L. Kindly make her the claimant and the insured.

Once I find the City & State of the others, I will request CT #'s accordingly.

Stephen J. Mostecak
Principal Investigator
AIG World Investigative Resources (AIGWIR)
P.O. Box 372
West Nyack, NY 10994
Office: 845.398.0675; E-Fax: 1.866.667.8514
Cell: 917.862.2862
E-Mail: Stephen.Mostecak@AIG.com
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-----Original Message-----

From: James Bilello [<mailto:jbilello@metlife.com>]
Sent: Tuesday, January 22, 2008 11:41 AM
To: Stephen.Mostecak@AIG.com

Subject: Proposed Insureds

Hi Steve,

Can you check to see if the list of proposed insureds have applied for and have any existing coverage with you guys? If you have any questions, please let me know, thanks. (See attached file: AIG.TIF)

Jim Bilello

Corporate Ethics and Compliance

Phone: (732) 326-5138

Fax: (732) 326-7315

Right Fax: (908) 655-9901

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Field Bulletin: 07/27/2005

AIG American General Position Statement on Viatical Settlements, Life Settlements and Investor-Owned Insurance

AIG American General ("AIGAG") continues to monitor developments in the secondary market for life insurance as well as emerging issues relating to investor-owned life insurance (IOLI). Innovations in the viatical and life settlement industry have drawn the attention of federal and state regulators due, in part, to highly publicized frauds that have occurred in recent years. Similarly, regulators and industry groups have surfaced a variety of questions relating to the inherent perils in IOLI sales. These types of transactions present a variety of risks for insureds, policyholders, producers and the company.

At AIGAG, the overriding concern is looking after the best interests of our policyholders and insureds. In addition to the potential for fraud, life settlement and IOLI transactions raise issues of suitability (particularly for seniors) and the adequacy of disclosures. These transactions also have the potential for implication under securities laws.

POSITION STATEMENT:

- The AIGAG life companies will not issue a policy if the probable intention of the insured, or any other party to the life insurance transaction, is to sell the policy to a viatical or life settlement provider.
- The AIGAG life companies will not issue a policy that does not comply with applicable insurable interest statutes.

Any producer appointed with AIGAG who is considering participating in a viatical, life settlement or similar transaction in a secondary market for life insurance policies or an IOLI sale should be mindful of and comply with the AIGAG Compliance Manual. In addition, AIGAG producers are required to comply with the following directives relative to life insurance transactions in the secondary market or IOLI sales:

- Provide Full Disclosure to AIGAG. As a producer for AIGAG, you have a duty to disclose any information that indicates coverage may be part of a plan to sell the policy in the secondary market and to disclose IOLI sales. The owner of a life insurance policy must have an insurable interest in the life of the insured at the time the policy is issued. Applying for life insurance with the intention of selling the policy in the secondary market in the future not only threatens the insurable interest supporting that policy, it exposes the policy to being deemed void. For the same reasons, the Company will not permit a sale where there is not a clear insurable interest. *Producers are required to disclose if the proposed insured is applying for coverage with the probable intention of selling his or her policy in the "Reason for Insurance" section of the application.*
- Consider Policy Options. Explain any available rider benefit as well as all contractual rights available to a client who is considering a viatical or life settlement sale.
- Do Not Use Company Letterhead. Engaging in secondary market transactions and IOLI sales are outside the scope of your contract with AIGAG. Accordingly, any communication you have with your client or any third party in connection with such transactions should not be on AIG American General letterhead and should not reference AIG American General in any way.

OTHER POINTS TO CONSIDER:

- Understand Licensing Requirements. Before engaging in transactions involving either the viatical or life settlement markets, know and follow the licensing requirements in each state where you plan to do business. Expect states that have enacted legislation or regulations on conduct and/or licensure to have enacted differing sets of restrictions.
- Review Your E&O Coverage. Most Errors & Omissions plans do not cover viatical and/or life settlement sales. You should confirm that you have adequate E&O coverage before participating in viatical or settlement transactions. Be sure to determine if the E&O limits cover all settlement activity or if they apply to individual settlement transactions.
- Conflicts of Interest are Prohibited. Agents have broadened their insurance practices by serving as a settlement broker, settlement purchaser, settlement company, trustee, or even a finance company. Representing multiple parties or serving multiple roles in one transaction creates a risk of conflict and is prohibited. For example, (1) an agent or affiliate of an agent may not serve as the trustee of a trust created for the benefit of an unrelated third party; (2) an agent or an affiliate of an agent may not possess an ownership interest in an AIGAG policy sold by the agent if he/she lacks an insurable interest in the insured; and (3) an agent or affiliate of an agent may not possess an ownership interest in an entity owning an AIGAG policy sold by the agent if he/she lacks an insurable interest in the insured.

ADDITIONAL REQUIREMENTS FOR REGISTERED REPRESENTATIVES OF AGSI OR ANOTHER BROKER-DEALER:

- Understand Implications of Securities Laws. Securities laws may restrict the transfer of or compensation paid for the sale or transfer of registered contracts to a viatical or life settlement company.

AIG American General Position Statement on Viatical Settlements, Life Settlements and Investor-Owned ... Page 2 of 2

- AGSI Registered Representatives. If you are a registered with AGSI, you are required to provide prior written notice of your intent to engage in viatical, life settlement and/or IOLI business (fixed and variable). Keep in mind that due to the fact that viatical investments are being defined as securities under state securities laws, AGSI will typically deny requests for participation in these types of transactions.

For questions regarding transactions in the secondary market for life insurance (including viatical or life settlement transactions) or IOLI sales, contact Katherine Easterby at 800-677-3311, ext. 1192

For more information, please call your marketing support group. This bulletin is intended for all agents of the Affluent Markets Group. It is not intended for direct dissemination to non-appointed agents or the public. Please distribute accordingly

Close Window

Field Bulletin: 02/02/2006

Update to AIG American General's Position Statement on Viatical Settlements, Life Settlements and Investor-Owned Insurance

On January 11, 2006, the New York Insurance Department posted on its Web site an opinion by the Office of the General Counsel (OGC) dated December 19, 2005, regarding proposed transactions involving third party financing of investor owned life insurance. The OGC opinion concluded that there is no insurable interest in such transactions and that the proposed transaction would not be permissible under New York law. The OGC opinion is the latest example of the intense scrutiny applied to these transactions by state and federal regulators. It is consistent with proposals on the federal level to impose an excise tax on investor owned life insurance transactions involving charities. It also vividly reflects the criticisms of these transactions by reinsurers, numerous life insurance carriers and industry trade associations, including NAIFA, AALU, and ACLI.

On July 27, 2005, AIG American General issued a Field Bulletin stating that our life companies would not issue an insurance policy (1) if the probable intention of the insured, or any other party to the life insurance transaction, is to sell the policy to a viatical or life settlement provider or (2) that does not comply with applicable insurable interest statutes. We also advised that the company would continue to monitor developments relating to investor owned life insurance.

As the scrutiny of regulators and the industry has increased, creative variations of investor owned life insurance transactions have emerged. The overriding concern at AIG American General is protecting the best interests of our policy owners and insureds. The continuing criticisms of investor owned life insurance and the evolving form of these transactions have prompted the company to further refine our position.

Effective immediately, AIG American General will not accept new applications for which the primary source of premium payments for an insured over age 70 is expected to be financed through non-recourse loans. These prohibitions apply regardless of the jurisdiction in which the policy is to be issued. Please also be advised that AIG American General will take disciplinary action up to and including termination against any producer whom attempts to circumvent this policy.

For more information, please call your marketing support group. This bulletin is intended for all agents of the Affluent Markets Group. It is not intended for direct dissemination to non-appointed agents or the public. Please distribute accordingly.

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MetLife Insurance

To: Steve Mostecak
 Company: AIG
 Date: January 22, 2008
 From: Jim Bilello
 Fax Number: (908) 655-9901
 Business Number: (732) 326-5138
 E-Mail: jbilello@metlife.com

Steve,

MetLife is reviewing the underwriting for a recently applied and/or issued policy to determine whether undisclosed coverage may have existed at the time of issue. Our records indicate that this application may have been shopped for competitive premium bids and that AIG may have received an application. Please advise whether AIG has issued on the following individual and, if so, please provide the face amount, date of issue and agent of record:

<u>Policy Number</u>	<u>First Name</u>	<u>Last Name</u>	<u>SS#</u>	<u>DOB</u>
208003440	Moses (Moshe)	Feder	118-30-0737	2/28/1928
207286236	Agi (Agnes)	Fliegman	053-36-6579	3/15/1931
207286192	Alvin	Lapides	104-22-5850	6/19/1931
208001252	Lola	Lieber-Schwartz	062-28-4378	3/15/1923
208001895	Hana	Salamon	319-82-9296	1/12/1931

Accurint lists Ms. Salamon's ss# as 090-30-5929

Please feel free to contact me directly if you need additional information. Thank you!

Page 2 of 6 received at 11/22/2008 11:28:49 AM [Eastern Standard Time] on server AS-BWTRFAAXSVR06.

Check the appropriate company.

Authorization

Proposed Insured:

- ☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

This form was designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules.
 For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below,
 I authorize:

- Any medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and the MIB Group, Inc. (MIB) to give the Company information about me or such child(ren), including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as described in the Company's Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.
- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- Information relating to HIV test results will only be disclosed as permitted by applicable law.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- I am not required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not condition treatment or payment for treatment or other benefits on my signing it.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES:

(If a Proposed Insured is under age 18, the Parent or Guardian, (circle one) is to sign on line for such child.)

Proposed Insured #1 Moses Feder Date 12/20/07
 Print Name of Proposed Insured #1 Moses Feder Date of Birth 02/28/28
 Proposed Insured #2 _____ Date _____
 Print Name of Proposed Insured #2 _____ Date of Birth _____
 Witness Seymour Feder Date 12/20/07



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Check the appropriate company.

Authorization

Proposed Insured:

- ☐ Metropolitan Life Insurance Company ☐ First MetLife Investors Insurance Company
☐ New England Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

I am designed to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) rules.
 I am underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below.

- I am a medical practitioner; any medical facility; any other medical entity; any insurer; any consumer reporting agency; and the MIB Group, Inc.
- I will give the Company information about me or such child(ren), including:
 - Personal information and data;
 - Medical file for the last ten (10) years, including medical information, records, and data (such as: office visits; patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases and other similar information);
 - Information related to alcohol and drug abuse and treatment;
 - Information, records and data relating to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions; and
 - Information, records and data relating to mental illness.
- I authorize the Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by law.
- I authorize the Company to request and obtain: consumer; investigative consumer; or motor vehicle reports.
- I authorize the Company, business associate, financial institution, or government agency to give the Company any information or data that it may have:
 - Occupations; avocations; driving record; finances; character; reputation; and aviation activities.
- I understand that:
 - Information, records and data that the Company receives pursuant to this Authorization will be used and maintained by the company as stated in the Company's Privacy Notice, a copy of which was given to me.
 - Part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who is a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be used as otherwise required or permitted by applicable laws.
 - Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR 2.61. This information may be redisclosed as provided in this Authorization.
 - Information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to these laws or regulations.
 - Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the eligibility of other family members.
 - Information relating to HIV test results will only be disclosed as permitted by applicable law.
 - If the Company determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and I will be required to sign this Authorization in connection with its preparation.
 - If I am required by law to sign this Authorization, but if I do not, the Company will not be able to underwrite my application for life insurance. In addition, health care provider(s) or health care plan(s) asked to release information pursuant to this Authorization can not release information for treatment or payment for treatment or other benefits on my signing it.
 - This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
 - I have the right to receive a copy of this form.
 - A copy of this form is as valid as the original form.

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Parent
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Proposed Insured #1

Print Name of Proposed Insured #1

Proposed Insured #2

Print Name of Proposed Insured #2

Witness

Date 11-11-07

Date of Birth 3-15-31

Date

Date of Birth

Date 11-11-07



EA 05/05) eF